



**STATE OF WISCONSIN
Division of Hearings and Appeals**

In the Matter of

DECISION

MSI/168374

On August 31, 2015, the above-named petitioner (CARES # [REDACTED]) requested a hearing concerning a negative action taken by the Wisconsin Department of Human Services, against her Medical Assistance eligibility. The petitioner asserted that she was negatively impacted because the Department had erroneously enrolled her in a health maintenance organization (HMO) known as iCARE, and as a consequence the MA Program refused to continue paying her home health provider because she could not receive fee-for-service MA services while concurrently enrolled in an HMO. Prior to conducting a hearing, the parties reached a stipulated agreement. The county was represented by [REDACTED], VEDS Unit Worker.

The stipulated agreement was as follows:

The Wisconsin Department of Health Services (by agent [REDACTED]) agrees to take all actions necessary to completely and fully rescind the petitioner's enrollment in any HMO entity in the period of September 1 - November 30, 2015, if the Department has not already done so.

The Department of Health Services will take the above agreed-upon action within ten (10) days of the date this stipulation is issued, if it has not already done so.

As a side-note to the petitioner and to her Authorized Representative, Mr. [REDACTED], the petitioner would be well-advised to retain a copy of this Decision; and to *immediately* submit claims for authorization and/or payment for fee-for-services provided by her home health provider under MA to the Department's Division of Health Care Access and Accountability (together with a copy of this Decision as background information).

Nothing in this Decision about HMO enrollment guarantees that the Department will approve such a request. If the claim for payment request is ultimately denied by the Department's agents, then the petitioner must file a *new* appeal about that separate grievance if it concerns prior authorization [See, Wis. Stat. §49.45(5)]; and/or, file a Chapter 227 miscellaneous litigation appeal if it concerns denial of claim payment by a provider. [See, Wis. Admin. Code §DHS 106.12(4)]. The petitioner must review any written notice provided by the Department as to the ultimate determination, and follow the appeal rights instructions then provided by the agency in that notice. Neither such matter was before this judge at this time as no prior authorization request or other payment claim on behalf of the petitioner or provider has yet been denied. The petitioner and her authorized representative may be well-advised to consult with a private attorney in the event of further denials of such claims.

NOW, THEREFORE, it is

ORDERED

That the matter be remanded to the Wisconsin Department of Human Services (Attn: [REDACTED] – VEDS Unit) with instructions to take all administrative steps in accordance with the above stipulation. The petitioner's enrollment in any HMO administered by the Department is to be fully rescinded for the period of September 1 – November, 30, 2015. These actions shall be completed within 10 days of the date of this Decision if the Department has not already done so.

REQUEST FOR A REHEARING

This is a final administrative decision. If you think this decision is based on a serious mistake in the facts or the law, you may request a rehearing. You may also ask for a rehearing if you have found new evidence which would change the decision. Your request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and tell why you did not have it at your first hearing. If you do not explain these things, your request will have to be denied.

To ask for a rehearing, send a written request to the Division of Hearings and Appeals, P.O. Box 7875, Madison, WI 53707-7875. Send a copy of your request to the other people named in this decision as "PARTIES OF INTEREST." Your request for a rehearing must be received no later than 20 days after the date of the decision. Late requests cannot be granted.

The process for asking for a rehearing is in Wisconsin Statutes § 227.49. A copy of the statutes can be found at your local library or courthouse.

APPEAL TO COURT

You may also appeal this decision to Circuit Court in the county where you live. Appeals must be filed no more than 30 days after the date of this hearing decision (or 30 days after a denial of a rehearing, if you ask for one).

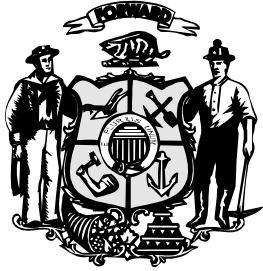
For purposes of appeal to Circuit Court, the respondent in this matter is the Department of Health Services. Appeals must be served on the Office of the Secretary of that Department, either personally or by certified mail no more than 30 days after the date of this hearing decision. The address of the Department is: 1 West Wilson Street, Room 651, Madison, Wisconsin, 53703.

The appeal must also be served on the other "PARTIES IN INTEREST" named in this decision. The process for appeals to the Circuit Court is in Wisconsin Statutes §§ 227.52 and 227.53.

Given under my hand at the City of Madison,
Wisconsin, this 5th day of November, 2015

\sKenneth Duren
Administrative Law Judge
Division of Hearings and Appeals

cc:



State of Wisconsin\DIVISION OF HEARINGS AND APPEALS

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The preceding decision was sent to the following parties on November 5, 2015.

Division of Health Care Access and Accountability

State SSI

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